

1. ☐ No **2001** Covered Lives Assessment Obligation2. ☐ No **2001** Patient Services Surcharge Obligation3. ☐ Patient Services Payments Report Submitted Separately by Fund or TPA**ANNUAL PAYOR REPORT**

NEW YORK STATE DEPARTMENT OF HEALTH

2001 PUBLIC GOODS POOLREPORT OF COVERED LIVES ASSESSMENTS

FOR THE JANUARY 1 THROUGH DECEMBER 31, _____ REPORT YEAR

PAYOR NAME _____

FEDERAL TAX ID# _____

TPA NAME (if applicable) _____

TPA FEDERAL TAX ID# _____

- I. See instructions for important information concerning how to calculate the number of covered lives to be reported on Lines 1 (A) and (B). **For the January 1, 2001 through December 31, 2001 annual report only:** Determine the total number of individual and family unit covered lives, before apportionment, on the payor's membership rolls for each month, for all or any part of the month, during the January 1, 2001 through December 31, 2001 report year, aggregate the results, and enter the sum for all months on Lines (A) and (B), respectively. If the payor erroneously submitted monthly reports during the current reporting year, Lines (A) and (B) must be net of the amounts reported on Lines (A) and (B) of the monthly reports erroneously submitted. **Commencing with the January 1, 2002 through December 31, 2002 and subsequent annual reports:** Proceed to Lines (M) and (N) on page 2.

Proceed to Lines (M) and (N) on page 2.

COVERED LIVES	REGION							
	NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(A) # INDIVIDUALS								
(B) # FAMILY UNITS								

- II. **For the January 1, 2001 through December 31, 2001 annual report only:** Of the total number of **2001** covered lives reported above, enter the number of covered lives subject to apportionment between/among insurers, the percentage of assessment cost which you will be paying on the number of apportioned lives, and the resultant product. **Lines C through H: Round to the nearest whole number.**

Insurers, the percentage of assessment cost which you will be paying on the number of apportioned lives, and the resultant product. Lines C through H: Round to the nearest whole number.									
APPORTIONMENT OF COVERED LIVES		REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(C)	# INDIVIDUALS SUBJECT TO APPORTIONMENT								
(D)	APPORTIONMENT PERCENTAGE								
(E)	APPORTIONED # OF INDIVIDUAL COVERED LIVES (C x D)								
(F)	# FAMILY UNITS SUBJECT TO APPORTIONMENT								
(G)	APPORTIONMENT PERCENTAGE								
(H)	APPORTIONED # OF FAMILY UNITS COVERED LIVES (F x G)								

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FOR THE JANUARY 1 THROUGH DECEMBER 31, _____ REPORT YEAR

PAYOR NAME _____ FEDERAL TAX ID# _____
TPA NAME (if applicable) _____ TPA FEDERAL TAX ID# _____

III. **For the January 1, 2001 through December 31, 2001 annual report only:** Enter the number of **2001** covered lives (to the nearest whole number) after apportionment and before prior period adjustments.

	NET COVERED LIVES	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(I)	# INDIVIDUALS (A-C)+E								
(J)	# FAMILY (B-F)+H								

IV. **For the January 1, 2001 through December 31, 2001 annual report only:** Make no entry on Lines (K) and (L), and proceed to Lines (M) and (N). However, if the payor erroneously submitted monthly reports during the 2001 reporting year and has reporting adjustments to covered lives amounts reported for the 2001 service year, on those monthly reports, enter the number of **2001** covered lives under or (over) reported (Prior Period Adjustments).

	NET COVERED LIVES PRIOR PERIODS	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(K)	# INDIVIDUALS								
(L)	# FAMILY								

V. **For the January 1, 2001 through December 31, 2001 annual report only:** Carry the amounts forward from Lines (I) and (J). However, if the payor erroneously submitted monthly reports during the 2001 reporting year and reported adjustment amounts on Lines (K) and (L), enter the total number of **2001** covered lives (to the nearest whole number) after apportionment and prior period adjustments (Lines I+K and Lines J+L). Commencing with the **January 1, 2002 through December 31, 2002 and subsequent annual reports:** Enter the total number of **2001** covered lives (to the nearest whole number) under or (over) reported for prior periods (Prior Period Adjustments). If the payor erroneously submitted monthly reports during the current reporting year, enter any remaining adjustments to **2001** covered lives previously reported.

	TOTAL COVERED LIVES	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(M)	# INDIVIDUALS								
(N)	# FAMILY								

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REPORT OF COVERED LIVES ASSESSMENTS – con't

FOR THE JANUARY 1 THROUGH DECEMBER 31, _____ REPORT YEAR

PAYOR NAME _____ FEDERAL TAX ID# _____
 TPA NAME (if applicable) _____ TPA FEDERAL TAX ID# _____

VI. Schedule of regional covered lives annual assessment rate.

	ANNUAL ASSESSMENT RATE	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(O)	INDIVIDUAL UNIT	104.54	34.18	19.81	22.90	4.39	27.87	50.78	18.37
(P)	FAMILY UNITS	344.99	112.78	65.36	75.56	14.48	91.96	167.58	60.61

VII. Enter the **2001** regional covered lives assessment amounts after including period adjustments. **Lines Q through S – Round to the nearest tenth. Line T – Round to the nearest whole dollar.**

	ANNUAL ASSESSMENT	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(Q)	INDIVIDUAL UNIT (M x O)								
(R)	FAMILY UNITS (N x P)								
(S)	TOTALS (Q + R)								
(T)	TOTAL 2001 COVERED LIVES PAYMENT LIABILITY (S / 12)								

VIII. Enter the total **2001** covered lives assessment balance due for the year (Total Line T) - Carry forward to the Payment and Reconciliation Summary.

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